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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600003	Cl	ITY OR TOWN	HAMILTO	N
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: MYOPIA HUNT O DOING BUSINESS A ADDRESS 435 BAY ROAD	LUB			
CITY/TOWN: HAMILTON	STATE: MA	ZIP CODE:	01982	
MANAGER: Cugini, David J TYF	PE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS SALES AT TABLES IN DINING ROOM PORCH AND ON LAWN ADJACENT T CLUBHOUSE AND DINING ROOM IN HOLES OF GOLFCOURSE TO BE SOL	1,AT BAR IN ROOM A TO PORCH. CELLAR F LOWER CLUBHOUS!	T RIGHT OF FR OR STOCK.AD E.AREA CONTA	DING MAIN AINING THE	
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the sar all laws of the Common	nwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corporat	e Officer		
We the undersigned, attest that we are	•	(Note: <u>NOT</u> Ind	ed by Chapte	er 304 of the
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600004		CITY OR TOWN HAMI	LTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: WEATHERVAN	E TAVERN INC.		
DOING BUSINESS A WEATHERVAN	NE TAVERN		
ADDRESS 85 RAILROAD AVE.			
CITY/TOWN: HAMILTON	STATE: MA	ZIP CODE: 01982	
MANAGER: THOBER, PAUL TY	PE OF LICENSE: Res	staurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
ONE STORY BLDG,ENTRANCE AT 8 FRONT ROOM AS RESTAURANT FO			
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now licensed	;
2. the licensee has complied wit		_	and
3. the premises are now open fo	r business (If not expla	ain below)	
SIGNED BY			
	er or Authorized Corpo	orate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIF	
		(Note: NOT Individual So	cial Security Number)
We the undersigned, attest that we ar	e in possession (1) the	e certificate required by Ch	apter 304 of the
Acts of 2004, signed by the building in			
named license and (2) the certificate of 2010.	n inquor nability ilisu	rance required by Chapter	110 of the Acts
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	THORIT
DISAPPROVED:		•	
(If disapproved explain)			
DATE:		<u>-</u>	
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 13	38 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 048600005		CITY OR TOWN	N HAMILTON
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: AM.LEGION	AUGUSTUS PEABODY-	GARDNER POS	T #194
DOING BUSIN	NESS A			
ADDRESS 37	SCHOOL ST.			
CITY/TOWN:	HAMILTON	STATE: MA	ZIP CODE:	01982
MANAGER:	HEATH, ANTHONY	TYPE OF LICENSE: Club) (CATEGORY: All Alcohol
EMAIL ADDR	LESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PRE			
	STUCCO BLDG. SAI OOR. STORAGE IN I	LES AT BAR AND TABI BASEMENT	LES IN THE BAS	SEMENT AND ROOM
I hereby certify	and swear under pena	lties of perjury that:		
1. the 1	renewed license will be	e of the same type for the s	same premises no	w licensed;
2. the 1	licensee has complied	with all laws of the Comm	onwealth relating	to taxes; and
3. the 1	premises are now open	n for business (If not explain	in below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corpor	rate Officer	
D.A.TE				
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)
			(11016. <u>1401</u> 1	individual Social Security (validet)
Acts of 2004,	signed by the building	g inspector and the head	of the fire depar	ired by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Belo	w:		LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	Capiani)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 048600007		CITY	OR TOW	'N HAIVIII	LION	
APPLICATION FOR	RENEWAL:	Annual		LIC	ENSED FO	R 2013	
		CLASS				YEAR	
LICENSEE NAME:	LAWRENCE R. CHAS	E CORP.					
DOING BUSINESS	A HARRIGAN'S PACK	AGE STOR	E				
ADDRESS 505 BAY	RD						
CITY/TOWN: HAN	MILTON S	STATE: N	IA ZI	P CODE:	01936		
MANAGER: CHA	SE, TYPE O RENCE R. JR.	F LICENSE	:Package S	tore	CATEGOI	RY: All Alcohol	1
EMAIL ADDRESS:							
]	PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YO	UR EMAIL ADD	RESS			
DESCRIPTION OF I	LICENSED PREMISES:						
WOOD FRAME BU	ILDING, MAIN FLOOR	FOR RETA	IL/SALES/	/ DISPLA	Y. BASEM	IENT FOR	
SIGNED BY	es are now open for busing the same representation of the same representati						
							_
DATE:	TELEPHONE N	UMBER:	(ICATION NUMBER cial Security Number	
Please Check Below: APPROVED:				CAL LICE	ENSING AU	THORITY	
DISAPPROVED:			By:				
(If disapproved expla	in)						
DATE							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 048600008		CITY OR TOW	VIN HAMILIC	JIN
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	ME: MARCOLE CO	ORP TY PACKAGE STORE			
ADDRESS 45	BAY ROAD				
CITY/TOWN:	HAMILTON	STATE: MA	ZIP CODE	: 01936	
	MARC-AURELE, R. DREW	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	EMISES:			
		OF A TWO STORY BENT FOR LIQUOR STO		STORAGE SPA	ACE ON
2. the lie 3. the pr	censee has complied	e of the same type for the with all laws of the Conn for business (If not exp	nmonwealth relatir		
SIGNED BY	Individual, Par	rtner or Authorized Corp	porate Officer		
DATE:	TELEPH	HONE NUMBER:		YER IDENTIFICA'	
Please Check Below APPROVED: [DISAPPROVEI (If disapproved 6	D:		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 048600010		CITY OR TOWN	HAMILTON
APPLICATION FO	R RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BEVERLY BEER,	, INC		
DOING BUSINESS	A THE BLACK CO	W RESTAURANT	•	
ADDRESS 016-32 I	BAY RD			
CITY/TOWN: HA	MILTON	STATE: MA	ZIP CODE:	01982
MANAGER: DUR MIC	RATTI, TYI HAEL T.	PE OF LICENSE: R	estaurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMIS			
	OMS AND A KITCH		D ON THE FIRST AN	D SECOND
	ises are now open for			taxes; and
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the hea	ad of the fire departm	d by Chapter 304 of the ent for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:				
DAIL.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600011		CITY OR TOWN HAMIL	ΓΟΝ
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CAROLINI	E W.R. GALLIVAN		
DOING BUSINESS A THE HUN	NGRY FOX		
ADDRESS 248 BAY RD.			
CITY/TOWN: HAMILTON	STATE: MA	ZIP CODE: 01936	
MANAGER:	TYPE OF LICENSE: Pac	kage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED I			
AN EXISTING RETAIL GOURN BAY RD			TS ON
2. the licensee has compli	* *	same premises now licensed; nonwealth relating to taxes; an ain below)	d
SIGNED BY Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)48600013		C	ITY OR TO	WN HAMILIC	JIN
APPLICATION FOR F	RENEWAL:	Annı	ıal	LIC	CENSED FOR 2	.013
		CLA	SS			YEAR
LICENSEE NAME:	HAMILTON F	AMILY MARKE	ETS, INC.			
DOING BUSINESS A	CROSBY'S M	IARKETPLACE				
ADDRESS 15 WALNU	UT ST					
CITY/TOWN: HAMI	LTON	STATE:	MA	ZIP CODE	E: 01936	
MANAGER: BEAN,	STEPHEN 7	ΓΥΡΕ OF LICEN	ISE:Packa	ge Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OU	R WEBSITE AND ENTER	R YOUR EMAII	ADDRESS		
DESCRIPTION OF LI						
A PORTION OF THE	HAMILTON S	HOPPING CEN	TER CON	SISTING O	F APPROX. 135	00 SQFT
2. the licensee 3. the premises SIGNED BY	has complied vs are now open	of the same type with all laws of the for business (If note that the content of the same type with all laws of the for business (If note that the same type with all laws of the same type	e Common ot explain	nwealth relati		
	,		·			
DATE:	TELEPH	ONE NUMBER:			OYER IDENTIFICATION $f T$ Individual Social $f S$	
Please Check Below: APPROVED:				LOCAL LIC By:	ENSING AUTH	ORITY
DISAPPROVED:				Dy.		
(If disapproved explain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 048600014		CITY	OR TOWN	HAMILTO	N
APPLICATION FOI	R RENEWAL:	Annual	I	LICEN	ISED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAME:						
DOING BUSINESS	A HAMILTON CO	NVENIENCE S	STORE			
ADDRESS 178 BAY	Y RD					
CITY/TOWN: HAI	MILTON	STATE:	MA ZI	P CODE:	01982	
MANAGER: PAT	EL, JITENDRA TYF	PE OF LICENSI	E:Package S	tore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF						
ONE STORY BLDC EXIT DOOR LOCA			LOCATED I	N THE FRO	ONT. ADDIT	IONAL
2. the licens	red license will be of ee has complied with ses are now open for	the same type for all laws of the G	or the same p Commonwea	alth relating		
SIGNED BY	Individual, Partner	or Authorized (Corporate Of	fficer		
DATE:	TELEPHON	E NUMBER:	(R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOC By:	CAL LICEN	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600015	(CITY OR TOWN HAMILTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: INDIGO REST	AURANT CORP	
DOING BUSINESS A		
ADDRESS 15 WALNUT ROAD		
CITY/TOWN: HAMILTON	STATE: MA	ZIP CODE: 01936
MANAGER: SHUTE, BENJAMIN M	ΓΥΡΕ OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
97 SEATS , 72 IN DINING ROOM, 2 ENTRANCE FROM MALL PARKIN EXIT TO MALL PARKING LOT,PA	IG LOT, TWO EXITS LE	ADING TO REAR DRIVE WAY, ONE
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the sa	ame premises now licensed;
2. the licensee has complied v		_
3. the premises are now open	for business (If not explain	n below)
SIGNED BY Individual, Part	tner or Authorized Corpora	ate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ginspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		